

MARGIN RESERVED FOR BINDING  
 WRITE P. N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

PLACE OF BIRTH

1. County of Pima  
 District of Pima  
 Town of Pima  
 or  
 City of \_\_\_\_\_

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 215  
 County Registrar No. \_\_\_\_\_  
 Local Registrar No. \_\_\_\_\_

2. Full name of child Helen Hoffman No. \_\_\_\_\_ (If birth occurred in a hospital or institution, give its NAME instead of street and number)  
 St. \_\_\_\_\_ Ward \_\_\_\_\_  
 { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other. \_\_\_\_\_ 5. No., in order of birth. \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth 7 30 25  
 Month Day Year

8. FATHER  
 Full name William Hoffman

9. Residence (Usual place of abode) Pima Ariz  
 If non-resident, give place and state.

10. Color or race 44 Indian 11. Age at last birthday 25 (Years)

12. Birthplace (city or place) Pima Ariz  
 (State or country)

13. Occupation Common Laborer  
 Nature of industry

14. MOTHER  
 Full maiden name Margaret E.

15. Residence (Usual place of abode) Pima Ariz  
 If non-resident, give place and state.

16. Color or race 44 Indian 17. Age at last birthday 22 (Years)

18. Birthplace (city or place) Pima Ariz  
 (State or country)

19. Occupation Housewife  
 Nature of industry

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? No

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at Pima on the date above stated

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature C. H. Sawyer M.D. (Physician or midwife).  
 Address San Carlos Ariz

Given name added from a supplemental report. Month, day, year 885 - 730 - 400 Filed \_\_\_\_\_, 19\_\_\_\_  
 Registrar \_\_\_\_\_ Local Registrar. \_\_\_\_\_  
 County Registrar. \_\_\_\_\_